MIENT A	THAUGHT.	4000/	2D2000					
	Docket No.: pplication of:			-				Paten
•	•		TIVVIOR		(inventor(s	s))		RE
• •	No.: <u>09/47</u> December 30,					_		FE
	•		anagement Me	emory for Sv	stem Man:	 agement Inter	rrunt Handl	er Indenedia
	f BIOS and C			SITIOLY TOL CY.	Storn War	agement inte	тарт папа	er macpenae
			.5.0,0.0	(title)				
	IT COMMISS n, D.C. 2023		R FOR PATEN	ITS				
_			an Amendmeni	t for the abov	e applicat	ion.		
8	Small entity st	tatus of	f this application	on under 37 (	• •		has been e	stablished by
			previously sub to establish sr		atue under	37 C F R 88	1 0 and 1	27 is anclose
	No additional			man emily sta	atus under	37 O.I .II. 99	7 1.9 and 7.	27 13 61101036
	<u> </u>							
The fee has	s been calcul	lated as	s shown below	r:			OTHE	R THAN A
	(Col. 1)		(Col. 2)	(Col. 3)	SMAL	L ENTITY	SMAL	L ENTITY
F	Claims Remaining		Highest No. Previously	Present	:	Additional		Additional
/	After Amd.		Paid For	Extra	Rate	Fee	Rate	Fee
Total   ,	·	Minus	**		Х9	\$	X18	\$
Claims	,	Minus	***		X42	\$	X84	\$
Indep. ,		tation	•	1	+140	\$	+280	s
Indep. Claims	First Presen						Total	
Indep. Claims *	Dependent ( entry in Col. 1	Claim(s	s) than the entry l	n Col. 2,	Total	I A I		\$ 0
* If the write	Dependent ( entry in Col. 1 "0" in Col. 3.	Claim(s is less	than the entry I		Add. Fee	\$	Add. Fee	
* If the write ** If the SPAC	Dependent ( entry in Col. 1 "0" in Col. 3. "Highest No. F CE is less than	Claim(s is less Previous 20, writ	than the entry I sly Paid For" IN te "20" in this sp	THIS pace.	Add. Fee			
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* If the write ** If the SPAC *** If the space found origin	Dependent (entry in Col. 1 "0" in Col. 3. "Highest No. FCE is less than "Highest No. Fe. The "Highest from the equivally filed.  tify that this cont postage in a	Claim(s is less Previous 20, writ Previous st No. P ivalent b	than the entry I sly Paid For" IN te "20" in this sp sly Paid For" IN Previously Paid I pox in Col. 1 of a	THIS pace. THIS SPACE For" (Total or I a prior amendr	Add. Fee is less than independent ment or the	n 3, write "3" in nt) is the higher number of clai	this st number ims	first class mail
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* If the write ** If the SPAC *** If the space found origin  I hereby cert with sufficier D.C. 20231	Dependent ( entry in Col. 1 "0" in Col. 3. "Highest No. For is less than "Highest No. For it is les	Claim(s is less Previous 20, writ Previous st No. P ivalent b	than the entry I sly Paid For" IN te "20" in this sp sly Paid For" IN Previously Paid F oox in Col. 1 of a	THIS pace. THIS SPACE For" (Total or I a prior amendr	Add. Fee is less than independent ment or the	n 3, write "3" in nt) is the higher number of clai	this st number ims	first class mail
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	A check in the amount of \$	is attached for presentation of additional claim(s).					
<u>X</u>	Applicant(s) hereby Petition(s) for an Extension of Time of One_month(s) pursuant to 37						
	§ 1.136(a).						
X	A check for \$ 110.00 is attached	ed for processing fees under 37 C.F.R. § 1.17.					
	Please charge my Deposit Account No	o. <u>02-2666</u> the amount of \$					
	A duplicate copy of this sheet is en	closed.					
X	The Commissioner of Patents and Tra	demarks is hereby authorized to charge payment of the					
	following fees associated with this con	nmunication or credit any overpayment to Deposit Account					
	No. 02-2666 (a duplicate copy of this	s sheet is enclosed):					
	X Any additional filing fees r	equired under 37 C.F.R. § 1.16 for presentation of					
	extra claims.						
	X Any extension or petition f	fees under 37 C.F.R. § 1.17.					
		BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP					
		$\prec$					
Date: December 28, 2001							
		Michael J. Mallie					
12400 Wilshire Boulevard Seventh Floor		Reg. No. 36,591					
		110g. 110. 00,001					
	eles, California 90025						
(408) 720							
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PTO/SB/17(09/00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL FOR FY 2002 TOTAL AMOUNT OF PAYMENT (\$)** \$110.00 RECEIVED Complete if Known: Application No. 09/475,726 FEB 0 4 2002 Group 2100 Filing Date December 30, 1999 First Named Inventor <u>MARTWICK.</u> Group Art Unit 2181 Examiner Name G. Auve Attorney Docket No. 042390P8228 METHOD OF PAYMENT (check one) The Commissioner is hereby authorized to charge indicated fees and credit [ X ] any over payments to: **Deposit Account Number** 02-2666 **Deposit Account Name** Blakely, Sokoloff, Taylor & Zafman LLP [ X ] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27 2. Х Payment Enclosed: Χ Check **Money Order** Other **FEE CALCULATION BASIC FILING FEE** Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) **Fee Description** Fee Paid 101 201 Utility application filing fee 740 370 106 330 206 Design application filing fee 165 Plant filing fee 107 510 207 255 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional application filing fee SUBTOTAL (1) \$ 0 2. **EXTRA CLAIM FEES** Fee from **Extra Claims** <u>below</u> Fee Paid **Total Claims** Independent Claims - 3\*\* = **Multiple Dependent** \*\*Or number previously paid, if greater; For Reissues, see below. **Large Entity Small Entity** Fee Fee Fee Fee Code (\$) Code (\$) **Fee Description** 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 \*\*Reissue independent claims over original patent 110 \*\*Reissue claims in excess of 20 and over original patent 18 210 SUBTOTAL (2) \$ 0

10/04/01 - 1 -

FEE (	CALCULA	TION (co	ntinued)		
3.		NAL FEE			
	Entity	Small E			
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	Fee Description Fee Paid PC	<b>`</b>
105	130	205	65	Surcharge - late filing fee or oath	FIVED
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	0
139	130	139	130	Non-English specification	0 4 2000
147	2,520	147	2,520	Fee Description Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet Non-English specification For filing a request for ex parte reexamination Request for inter parties reexamination Requesting publication of SIR prior to Examiner action Requesting publication of SIR after Examiner action	0 4 2002
099	8,800	099	8,800	Request for inter parties reexaminationGroup	0.04 -
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	<sup>0</sup> 2100
113	1,840*	113	1,840*	rieducating publication of our after Examiner action	•
115	110	215	55	Extension for reply within first month 110.00	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive – unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per	
440	740	040	070	property (times number of properties)	
146	740	246	370	For filing a submission after final rejection	
440	110	040		(see 37 CFR 1.129(a))	
148	110	248	55 270	Statutory Disclaimer	
149	740	249	370	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design	
				application	
195	300	195	300	Publication fee for early, voluntary, or normal pub.	
196	300	196	300	Publication fee for republication	
194	130	194	130	Request for voluntary publication or republication	
098	130	098	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
091	1,280	091	1,280	Acceptance of unintentionally delayed claim for priority	
Other	fee (speci	fy)			
tDad	ad by Back	• Fili F:-	Daid	SUBTOTAL (3) \$ <u>110.00</u>	
		Filing Fee	raid		
SUBN	<u>IITTED B'</u>	<u>Y</u> :			
Турес	d or Printe	ed Name:	Micha	nel J. Mallie	
Signa	ture:		m	Date: _/2/28/0	
Reg. I	Number:	36,591	0	Telephone Number: 408-720-8300	

## FIRST CLASS CERTIFICATE OF MAILING

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in an envelope addressed	i to	the	Commissioner	for Datents
Washington DC 20231 on			1	

Washington, DC 20231 on

Date: <u>/2-28-0/</u>

Name: Melagio Popul